

## BEST AVAILABLE COPY

MULTIPLE DEPEN CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FG XTO-875)

SERIAL NO.  
**10/578812**

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15	1					
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41	1					
42	1					
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
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96						
97						
98						
99						
100						
TOTAL IND.	10		↓		↓	↓
TOTAL DEP.	41		←		←	←
TOTAL CLAIMS	51					